

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED

DESCRIPTION OF LIMITATIONS
FOR MEDICALLY NEEDY: All GROUPS

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Amendment 93-57
Effective 10/1/93
Supersedes 93-02

Approval Date 7-3-96
Revised Submission 2/8/94

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED

DESCRIPTION OF SERVICE LIMITATIONS
FOR MEDICALLY NEEDY: ALL GROUPS

The following service limitations apply to all medically
needy recipients. Authorization by the state agency is
required for exceptions to limitations described below.

4/1/91 EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

All services provided for in Section 1905(a) of the Act
which are medically necessary to correct or ameliorate
defects and physical and mental illnesses and conditions
are provided for EPSDT participants.

Amendment 93-02
Effective 1/1/93
Supersedes 91-35

Approval Date

Revised Submission 3/29/93

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND

10/01/93 REHABILITATIVE SERVICES: Early Intervention Services
(13.d)

Exceptions to the service limitations can be granted based on medical necessity.

Rehabilitative services include a range of coordinated services provided to a child under 21 years of age in order to correct, reduce, or prevent further deterioration of identified deficits in the child's mental or physical health.

Deficits are identified through comprehensive screening, assessments and evaluations. Recommended services must be: ~~identified in the Family Support Plan (FSP)~~ ^{P.I. change 7-3-96}, face-to-face encounters, medically necessary, within the scope of practice of the provider, and intended to maximize reduction of identified disability(ies) or deficit(s) and restoration of a recipient to his best possible functional level. Services include provision of direct hands-on treatment with the child and a provision of collaboration with and instruction to parents and to caregivers in assisting in identifying, planning and maintaining a regimen related to regaining the child's functioning. Services may be provided in individual or group settings in the following locations: hospital, home, day care center, or other clinical setting.

Provision of services where the family or caregivers are involved must be directed to meeting the identified child's medical treatment needs.

Services provided to non-Medicaid eligible family members independent of meeting the identified needs of the child are not covered by Medicaid.

A. Eligible Providers

An eligible provider must enroll as a Medicaid group provider and employ or contract with staff who hold a valid and active license in full force and effect to practice in the state of Florida and have three hours of continuing education per calendar year. The Department of Health and Rehabilitative Services, Children's Medical Services Early Intervention Program verifies the three hours of continuing education per calendar year in the area of early intervention and recommends the provider for Medicaid participation. Eligible providers must be a physician, physician's assistant, nurse practitioner, registered nurse, physical therapist, occupational therapist, speech-language pathologist, audiologist, respiratory therapist, clinical psychologist, school psychologist, clinical social worker, marriage and family counselor, mental health counselor, registered dietitian, nutrition counselor, practical nurse, physical therapist assistant, occupational therapist assistant, speech-language pathologist assistant, or audiologist assistant.

Amendment	<u>93-57</u>
Effective	<u>10/1/93</u>
Supersedes	<u>NEW</u>
Approval	<u>7-3-96</u>

Revised Submission 4/11/96

B. Benefits and Limitations

Rehabilitative services include the following range of services, referred to as early intervention services, to be provided to all eligible children under 21 years of age for whom all services are medically necessary:

1) Screening Services: This is an interdisciplinary screen of standardized tests, the purpose of which is to identify those children who have a high probability of exhibiting delayed or abnormal development and may require further evaluation and assessment. Screening services must be given under the medical direction of a Medicaid provider. The component(s) of the screening performed must be within the scope of practice of the provider. Screenings are limited to three per year per recipient.

2) Diagnostic/Evaluation Services: This is either an initial or follow-up evaluation to determine a child's level of functioning in each of the following developmental areas: (1) gross motor; (2) fine motor; (3) communication; (4) self-help and self-care; (5) social and emotional development; and (6) cognitive skills.

The initial evaluation is limited to one per lifetime per recipient. Follow-up evaluations are limited to three per year per recipient. Evaluations must be recommended by a licensed healing arts professional or paraprofessional.

3) Group, Individual, and Home Visiting Sessions: These services are provided for the purpose of providing medical, nutritional, psychological, audiological, or nursing services in order to reduce the child's physical or mental disability or deficit.

Sessions must last at least 30 minutes of face-to-face contact between the Medicaid provider and the child, or the child's parents, caregivers or family members, but no more than 60 minutes.

Amendment	<u>93-57</u>
Effective	<u>10/1/93</u>
Supersedes	<u>NEW</u>
Approval	<u>7-3-96</u>

Revised Submission 4/11/96

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND: (Continued)

10/1/90 15. REHABILITATIVE SERVICES: Exceptions to the service
(13d) limitations can be granted based on medical necessity.

a. Intensive therapeutic on-site services include the provision of therapeutic services, with the goal of preventing more restrictive, costly placement by teaching problem solving skills, behavior strategies, normalization activities and other treatment modalities as appropriate. On-site is defined as where the child is living, working or receiving schooling. Children residing in a public institution or who are under the control of the juvenile justice system are not eligible for Medicaid.

While it is recognized that involvement of family (including legal guardians) in the treatment of the child is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified child's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified needs of the child are not covered by Medicaid.

Billable services are face-to-face encounters with the child and/or the child's family. Services must be rendered by a mental health professional with a minimum of a B.A. degree from an accredited university with emphasis in the areas of psychology, social work, health education or a related human services field.

Intensive therapeutic on-site services include:

- o Behavioral assessment of the child in order to define, delineate, evaluate and diagnose treatment needs. Assessment services include; psychosocial evaluation, psychiatric mental status exam, psychological testing, and developmental assessment of the child within the home, community, educational or vocational setting.
- o Development of a behavioral management program for the child designed to reduce behavior problems and/or functional deficits stemming from the existence of a mental disorder that interfere with the child's personal, familial, vocational and/or community adjustment.
- o Monitoring of the child's compliance with the behavioral management program.
- o Individual counseling or psychotherapy between the child and the mental health professional designed to maximize strengths and to reduce behavior problems and or functional deficits stemming from the existence of a mental disorder that interferes with the child's personal, familiar, vocational and/or community adjustment.
- o Family counseling or psychotherapy involving the child, his/her family and or significant others and a mental health professional designed to maximize strengths and to reduce behavior problems and or functional deficits stemming from the existence of a mental disorder that interfere with the child's personal, familial, vocational and/or community adjustment.
- o Other medically necessary therapeutic services specified by the psychiatrist in the child's plan of care.

Services are limited to one visit per day. Additional visits can be granted based on medical necessity.

Amendment 90-67
Effective 10/1/90
Supersedes 92-26
Approved 5-12-94
Revised Submission 2/20/92
Revised Submission 8/7/92
Revised Submission 2/3/94

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND: (Continued)

1/1/96 15. REHABILITATIVE SERVICES: (Continued)
13d)

b. Home-based rehabilitative services are designed for the restoration or modification, and/or maintenance of social, personal adjustment, and basic living skills. These services shall be an effective intervention in assuring that a child with a psychiatric disability possesses those physical, emotional, and intellectual skills to live, learn and work in his or her own particular environment. Home-based is defined as the child's official place of residence. Children residing in a public institution, or who are under the control of the juvenile justice system, are not eligible for Medicaid.

While it is recognized that involvement of family (including legal guardians) in the treatment of the child is necessary and appropriate, provision of services where the family is involved clearly must be directed to meeting the identified child's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified needs of the child are not covered by Medicaid.

Billable services are face-to-face encounters with the child and/or the child's family. Services must be rendered by an individual who is experienced in the needs of severely emotionally disturbed children, is capable of implementing services which address the child's needs identified in the care plan, demonstrate skills and abilities to deliver therapeutic services to severely emotionally disturbed children, complete an ADM approved pre-service training program and participate in annual training to improve skills. Providers may not be relatives of the recipient. Services are limited to those provided by or under the recommendation of a physician, psychiatrist or other licensed practitioner of the healing arts, acting within the scope of his/her practice under State law.

Home-based rehabilitative services include:

- o One to one supervision of the child's therapeutic activities in accordance with his or her behavioral management program.
- o Skill training of the child for ^{HCPA P&I CHANGE 8-12-96} ~~development and/or~~ restoration of those basic living and social skills necessary to function in his or her own particular environment.
- o Assistance to the child and family in implementing behavioral goals identified through family counseling or treatment planning.

Services are limited to 56 hours per month. Additional hours can be approved based on medical necessity.

Amendment 96-03
Effective 4/1/96
Supersedes 95-16
Approved 8-12-96

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND: (Continued)

10/1/90 15. REHABILITATIVE SERVICES: (Continued)
(13d)

c. Prescribed Pediatric Rehabilitative Services must be authorized
by the state agency based on medical necessity.

Prescribed Pediatric Extended Care Center (PPEC) is a non-
residential facility where physician prescribed health care
services are provided for medically complex children. The Medicaid
per diem covers nursing care, personal care, use of all basic
medical equipment as needed and the use of all emergency supplies
and drugs. It does not include custodial care. The providers of
PPEC services must meet all state licensure laws and regulations,
which are based on established medical criteria. The PPEC provides
a less restrictive alternative to institutionalization and reduces
the isolation which the home-bound medically dependent child may
experience. All PPEC services must be service authorized by the
area Medicaid office.

Amendment 90-67
Effective 10/1/90
Supersedes New
Approved 5-12-94
Revised Submission 2/3/94

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

1/1/98
(13d)

REHABILITATIVE SERVICES: (Continued)

School-Based Therapy Services

Under the rehabilitative services option, the following services, referred to as "school-based services" are provided.

Rehabilitative therapy services provided are occupational, physical, and speech. For each of these therapies, a maximum of four individual or four group treatment sessions are allowed per recipient per day with each treatment session being a minimum of 15 minutes. The maximum speech therapy group size is contained in the Florida Medicaid Certified Match School Handbook. The maximum group size for physical and occupational therapies is four children. Exceptions to service limitations can be granted based on medical necessity.

School-based physical, occupational and speech therapy services are provided by school districts to EPSDT eligible children who are eligible under Parts B or H of the Individuals with Disabilities Education Act (IDEA), and who have their need for a Medicaid compensable, medically necessary service documented in an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid recipients whose need for medically necessary services is not documented in an IEP or IFSP may receive therapy services at school but Medicaid cannot reimburse for those services due to the free care policy.

Therapists rendering covered services must meet the requirements contained in 42 CFR 440.110. School districts will be the Medicaid provider. The state will require school districts to verify that school-based treating therapists meet the criteria contained in 42 CFR 440.110. The state Medicaid agency will monitor this factor and complete an agreement with each school district which will clearly outline the district's responsibilities in ensuring compliance with provider enrollment criteria.

Therapy services must be recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for the maximum reduction of physical or mental disease or disability and restoration of a recipient to his best possible functioning level. Consent to receive school-based therapy services and bill Medicaid is obtained from parents/guardians by school providers.

Therapy services are also provided in other settings (for example, including but not limited to home health, therapists in private practice, inpatient and outpatient hospitals, nursing homes, prescribed pediatric care facilities) and by providers meeting the requirements of 42 CFR 440.110, thus, there are no limitations on freedom of choice or comparability. This means that recipients can choose to receive therapy services from a school or community provider. Recipients are not required to receive therapy services at school.

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

07/01/97
13d)

REHABILITATIVE SERVICES (Continued)

School-Based Psychological Services

Psychological services are diagnostic or active treatments related to the individual educational plan (IEP) or family support plan (FSP) with the intent to reasonably improve the individual's physical or mental condition or functioning. Any medical or remedial services will be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under state law. All requirements of 42 CFR 440.130 will be met.

Psychological services may include testing and evaluation that apprise cognitive, emotional and social functioning and self-concept; interviews and behavioral evaluations including interpretations of information about the individual's behavior and conditions relating to functioning; therapy, including providing a program of psychological services for the individual with diagnosed psychological problems; unscheduled activities for the purpose of resolving an immediate crisis situation and other medically necessary services within the scope of practice. Psychological services may be provided in either an individual or group setting.

School districts will be the Medicaid provider of services provided in the school setting. However, the state Medicaid agency will require school districts to verify that school-based treating psychologists or school psychologists are licensed or Department of Education (DOE) certified, or equivalent psychologists or are graduate degree psychologists obtaining the required work experience for licensing, working under the supervision of a licensed or equivalent psychologist or school psychologist. The state Medicaid agency will require an agreement with each school district to this effect and will monitor this factor.

Psychologists are required to have experience in providing services in school settings to Medicaid eligible children with multiple medical needs. Providers must be able to access children in school settings and must establish linkages in order to coordinate and consult with school authorities, as well as families, to assess a child's medical needs and identify treatment options.

Billable activities include: developmental assessment, case consultation, evaluation, and testing of the individual; therapy and counseling services with the individual, including face-to-face, collaborative, consultative, and crisis interventions. Procedure codes are Individual Psychological service and Group Psychological service - locally assigned codes to be established.

Medicaid recipients whose need for medically necessary services is not documented in an IEP or IFSP may receive the services at school but Medicaid cannot reimburse for those services unless they are receiving services due to Parts B or H under the Individuals with Disabilities Education Act (IDEA) or Title V due to free care policy.

Amendment 97-12
Effective 7/1/97
Supersedes NEW
Approved 12/18/97

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

10/1/99
(13d)

REHABILITATIVE SERVICES (Continued)
School-Based Social Work Services

Social work services are diagnostic or active treatments related to the individual educational plan (IEP) or family support plan (FSP) provided with the intent to reasonably improve the individual's physical or mental condition or functioning. Any medical or remedial services will be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under state law. All requirements of 42 CFR 440.130 will be met.

Social work services may include those services provided to assist the individual or family members in understanding the nature of the disability, the special needs of the individual, and the individual's development. Service activities may include screenings; assessments; evaluations; social development studies; counseling and therapy; unscheduled activities for the purpose of resolving an immediate crisis situation and other medically necessary services within the scope of practice. Social work services may be provided in either an individual or group setting.

School districts will be the Medicaid provider of services provided in the school setting. However, the state Medicaid agency will require school districts to verify that school-based treating providers meet the following provider eligibility requirements. The state Medicaid agency will require an agreement with each school district to monitor this factor.

Social workers will have a bachelor's or master's level degree or higher in social work from an accredited college or university, or be certified by the Department of Education as a school social worker with a minimum of a bachelor's level degree, or be licensed as a clinical social worker. Social workers with a bachelor's level degree will provide services under the supervision of a licensed or certified master's level social worker or equivalent. Social work services may also be provided by a master's level degree social worker obtaining the required work experience for licensure, working under the supervision of a licensed or equivalent social worker.

Mental health counselors and marriage and family therapists will have master's level degrees or higher and be licensed by the State of Florida. Also, master's level degree mental health counselors and marriage and family therapists will be provisionally licensed or board registered interns, but must work under the supervision of a licensed mental health counselor or marriage and family therapist until their work experience for licensure is satisfied. Behavior analysts will have master's level degrees or higher and be certified by the Department of Families and Children. Bachelor level degreed certified behavior analysts (CBAs) can also be providers of services if they work under the supervision of a Master's level certified behavior analyst. Certified associate behavior analysts (CABAs) will have bachelor's level or higher degrees and be certified by the Department of Children and Families. Guidance counselors will have master's level or higher degrees and be certified by the Department of Education.

Social work treating providers are required to have experience in providing services in school settings to Medicaid eligible children with multiple medical needs. Providers must be able to access children in school settings and must establish linkages in order to coordinate and consult with school authorities, as well as families, to assess a child's medical needs and identify treatment options.

Billable activities include: developmental assessment, case consultation, evaluation, and testing of the individual; counseling and therapy services with the individual, including face-to-face, collaborative, consultative, and crisis interventions.

Medicaid recipients whose need for medically necessary services is not documented in an IEP or IFSP may receive the services at school but Medicaid cannot reimburse for those services unless they are receiving services due to Parts B or H under the Individuals with Disabilities Education Act (IDEA) or Title V, due to the free care policy.

Amendment 99-16
Effective 10/1/99
Supersedes 98-32
Approved 9/24/00